

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes	₩ No			
	COMMITTEE INFORMATIO	ON THE STATE	national property.	in the control of the
1. Full Name of Committee (as on Statement of Organ	//	ew name		
PEGGY BEAVER FOR CLERK	COMMITTEE	100		
Acronym or Abbreviated Name (if any)		3. Comm	nittee Telephone Number	417
4. Mailing Address (address where all campaign finan	ce correspondence is received)	Check if this	is a new address	
9520 E.191ST STREET				
5. City, State, ZIP Code		6. Party	Affiliation (if applicable)	1
NUBLESVILLE, FN 4600	90	5	EPUBLICAN)
CANDIDAT	E INFORMATION (For Candidate			
7. Full Name of Candidate (include any nickname)		8. Party	Affiliation or If Independe	nt Candidate
PEGGY LYNN BEAVE		5	KEPUBLICA)	J
9. Office Sought (Include district number, if any. Not r	equired for exploratory committee.)	10. Cou	nty of Residence	1
TYPE	OF REPORT		CONVENTIO	ON CANDIDATES ONLY
11. Check one:	_		Check one:	
Pre-Primary Pre-Election Annual Nominatio			Pre-Con	
Final/Disbands Committee (lines 18, 19, and 20 must be "0")	Outgoing Treasurer (within 10 days amend Statem	nent of Organization)	☐ Post-Co	nvention
12. Reporting Period: From: 1-1-2007	Through: 12-31-200	7	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning o		,	158 28	s ir porting operate was
Cash on hand and investments at the beginning of A. Cash on hand and investments January 1, current			mas Juniary Caputed:	15828
14. Cash of Hand and Investments Sandary 1, Control	AND RECEIPTS			Face in a president point and trained
(Note: these amounts include in-kind contributions an			Hittig continuona and	ut a refined de Gastara
15a. Itemized (use Schedule A)			0	0
15b. Unitemized			0	0
15c. Add lines 15a and 15b in both columns	S	UBTOTAL	0	0
16. Add lines 13 and 15c in Column A and lines 14 ar		TOTAL	1528,28	158.28
EXPEND	TURES			
(Note: These amounts include in-kind expenditures a	nd loan repayments.)		in land experioraliza and	i en remiyne ate il invote
17a, Itemized (use Schedule B) (Public Question: use	Schedule C)		0	0
17b. Uniternized			0	0
17c. Add lines 17a and 17b in both columns		SUBTOTAL	0	0
18. Cash on hand and investments at close of this reporting p	period (subtract 17c from 16 in both columns)	TOTAL	158.28	158.28
19. Debts OWED BY the committee (use Schedule D)		4607.83	a mara wasan 1940
20. Debts OWED TO the committee (use Schedule E)		0	TO T
10.000 · 10	CERTIFICATION			FOR OFFICE USE ONLY
Signature on File	E BEST OF MY KNOWLEDGE AND BELIEF I	T IS TRUE, CORF	Children Co.	7
	Title	D	ate 1.07	with a west
	Peasurer		1996.01	œ U
			(ale) /	0

copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly: 13) A person who falls to file a complete or accurate report as required by the Indiana



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

ad legi x na.	FILE NUMBER
- 1979	
Page	of

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B	RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	70		
Contributor's Occupation (if required)		-		
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		,		
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 8	491 Spaces	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	5 0	a in step de la carrier	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

in a state	FIL	ENUMBE	R
Page _	31	of C	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
22				
2.	Contributions:			
	Direct			
7,	In-Kind (describe)			
The state of the s				
	Other Receipts:			
	Interest Loan			
14	Misc. (specify)			
	Iviisc. (specify)			
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Benefisher			
	Other Receipts:			
	Misc. (specify)			
	IVIISC. (Specify)			
4.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
	Misc. (specify)			
5.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
12 12 12 12	Other Depoints:			
	Other Receipts:			
	10200			
	Misc. (specify)			
9		- 1		
DUDTOTAL	THIS PAGE OF SCHEDULE A	5	建一种自然性的	A LOVE CONTRACT
TOTAL OF ALL PAGES OF SCHEDULE		1 7		
TOTAL OF ALL PAGES OF SCHEDULE	M 15a of the Summary Sheet)	\$ ()	Associated the	are selected to
Lanter total on the		1	The state of the s	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

,	ILE NUMBEI	₹.
Page	of	

				The second second
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	69		
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0	A STORY OF THE	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on IT)	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 8	un de entre de la composition della composition	les (market ass



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly-IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

an caring	ILE NUMBER
7	
	1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	CUMULATIVE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)	88		
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	5		r, Roeltzer
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	5		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in this schedule, all cumulative receipts, (such as loan proceeds and repayments, refunds, reballes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FI	E NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	distributed a laboration of states in the	PERIOD BANK	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
3.	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
4.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	In richita (describe)			
	Other Receipts:		=	
	Interest Loan			
	Misc. (specify)		2	
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:		77.	
	Interest Loan			
	Misc. (specify)			
			and the particle of the same	
	THIS PAGE OF SCHEDULE A	\$ 0		Tristan older
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 0		- 45 - 3"-E+1455 01



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

Carlotte Contract		NUMB		177
-	-		-	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	*		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE B	5 2		L. Latinier
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		5 %	is escent	i Edge (del



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

or :- FILE NUI	MBER over
Page	of

			Page 1	of
PUBLIC QUESTIO	N INFORMATION 1	有有關語為 5	神できたからは諸皇	(Complete service)
Enter Text of Public Question				
Type of Question: Statewide Local				
Position: Supported Opposed	TYPE OF EVERNDITURE	COLUMN A	eo maro	
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
(street number, city, state, ZIP code)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	Tomas para de la
Code	Direct In-Kind Payment of Debt			
	Returned Contribution			
	Other Purpose:			
	100			
	☐ Direct ☐ In-Kind			
Code	Payment of Debt	71		
	Returned Contribution			
	Purpose:	£6		
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt	44		
	Returned Contribution			
	Other Purpose:			
	Pulpose.		S S Samon sware openingen -	
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			
	Other			
	Purpose:			
	☐ Direct ☐ In-Kind			
Code	Payment of Debt			
	Returned Contribution Other			
	Purpose:			
Code	Direct In-Kind Payment of Debt			
	Returned Contribution			
	Other			
	- urpose.		1	
SUBTOTAL THIS PAR		5 Q		
TOTAL OF ALL PAGES OF SCHEDULE C ON TH (Enter total on ITEM 17a of		\$ \(\)		ing Gorden.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

(Enter total on ITEM 19 of the Summary Sheet)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER
	and the same and the same of t
Page	/ /

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT AMOUNT	DATE DEBT INCURRED		OUTSTANDING BALANCE THIS PERIOD
TIMTREGGY BEAVER 9520 E.1915T NOBLESVILLE, FN Hada	With the second	HGO7.83	3.05 +0 10.06	1910 + 1	4667,83
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION.					
LENDER'S CCCUPATION.		SUBTOTAL PAGES OF SCHEDUL		F SCHEDULE D	\$



State Form 4605 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE N	IUMBE	R	
		CROSSIE W		
	/			
Page	(_ of		

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME	CLORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
& MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED		
<u> </u>					
9					
				8	
	196				
		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$
SUBTOTAL THIS PAGE OF SCHEDULE E					100

TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY

(Enter total on ITEM 20 of the Summary Sheet)